

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1073

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>	
c. LENGTH OF STAY (in this place) <u>4 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>306 W. Ohio St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>306 W. Ohio St. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>HOUGENBOGLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 9, 1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>OCTOBER 8, 1874</u>		9. AGE (In years) (Months) (Days) (If under 12 mos. last birthday) <u>74</u> <u>4</u> <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>	
11. BIRTHPLACE (State or foreign country) <u>BATES COUNTY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>UNITED STATES</u>			

13a. FATHER'S NAME <u>DANIEL GREENBURY HOMES</u>		13b. MOTHER'S MAIDEN NAME <u>CRISTINA WINCHELER</u>		14. NAME OF HUSBAND OR WIFE <u>William Harry Hougendouglar</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>William Harry Hougendouglar</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral hemorrhage</u>				3 wks.	
		DUE TO (c) <u>essential hypertension</u>				5 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>2911X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			

22. I hereby certify that I attended the deceased from 1943 1949, to 2/9, 1949, that I last saw the deceased alive on 1949, 19, and that death occurred at 10:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. R. Kenney</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>2/9/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEBRUARY 11, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BEAR CREEK CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. A. Wansant Clinton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb 10-49</u>		REGISTRAR'S SIGNATURE <u>R. R. Kenney</u>		120	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7
District File Number 1-49-78
Date Filed 2-14-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ _____
_____, Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed *H. A. Garsant*
Licensed Embalmer No. *3779*

P. O. Address *Clinton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.